



accordance with the National Childhood Vaccine Injury Act (see Vaccine Program Policies and Guidelines, page 2). Vaccine adverse events listed in the Vaccine Injury Table (National Childhood Vaccine Injury Act) reported to me will be forwarded in accordance with the VAERS protocol.

6. A charge for the cost of the vaccine will not be imposed.
7. The maximum vaccine administration fee charged will not exceed fourteen dollars and 34 cents (\$14.34) per shot. (A combination vaccine administered through a single syringe is considered one shot)
8. No child will be denied the administration of any vaccine received from the Idaho Immunization Program due to the inability of the child's parent or guardian to pay the vaccine administration fee.
9. Assure compliance with the procedures outlined by the Idaho Immunization Program for ordering, storing and handling vaccines.
10. Assure that the "Provider Profile" report, required by the VFC program, will be completed and submitted with the Memorandum of Understanding (MOU)/Enrollment Agreement.
11. Assure that accurate monthly vaccine accountability reports (which includes a monthly inventory on hand report) will be forwarded to the Idaho Immunization Program by the 15<sup>th</sup> day of the following month in accordance with the procedures outlined by the Idaho Immunization Program.
12. Assure that vaccine received from the Idaho Immunization Program will not be distributed to any other health care provider without prior authorization from the Idaho Immunization Program.
13. To return all unusable vaccine(s) to the Idaho Immunization Program.
14. To purchase and install, within six months of such a request, a temperature sensitive 24 hour alarm system with after hours notification, for any single site which contain vaccines, at any single point in time, valued at or above \$15,000. I understand that the Idaho Immunization Program will notify me in writing if this requirement applies to us.
15. To install in all refrigerators and freezers which store vaccines, a thermometer(s) that will provide both the minimum and maximum temperatures of each unit.
16. I shall reimburse the Idaho Immunization Program for the value of vaccine that has been wasted due to negligence. Negligence may be considered, but not limited to: inadequate or improper handling, not maintaining the vaccine according to the standards described in the poster titled, "Recommendations for Handling and Storage of Vaccines." (A copy of this poster was mailed to each provider in 2001, copies are available upon request)
17. I or the State may terminate this agreement at any time for personal reasons or failure to comply with these requirements.

*I certify that I have read and agree to the requirements listed above pertaining to participation in the Idaho State Vaccine and the federal Vaccines for Children Program.*

\_\_\_\_\_  
Provider Signature (person authorized to  
sign for practice/clinic/corporation.)

Date \_\_\_\_\_

Employer Identification #: \_\_\_\_\_

For Medical Directors and solo practitioners: Medical License #: \_\_\_\_\_

Medicaid Provider #: \_\_\_\_\_

\_\_\_\_\_  
Richard H. Schultz, Administrator  
Division of Health  
Department of Health and Welfare

Date

(Continued)

**MOU/PROVIDER ENROLLMENT AGREEMENT  
ADDITIONAL PROVIDERS WITHIN THE PRACTICE**

Clinic/practice/agency:

List (**print or type**) each practitioner who will be administering vaccine in accordance with the MOU/Enrollment Agreement (signature of practitioner is **not** required). Please, list only those staff members with prescription writing privileges. People administering vaccines without prescription writing authority should not be listed.

Last Name	First	MI	Medical License No	Title (MD, DO)	Specialty (Ped, GP, etc)	Medicaid Provider No.
(Provider must have prescription writing privileges)						

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